

CLAIMS ONLY							Application Number 101991013		Filing Date
								Applicant(s)	
						* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12	I								
13									
14		I							
15									
16									
17									
18									
19									
20									
21		I							
22	I								
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									
37									
38									
39									
40									
41									
42									
43									
44									
45									
46									
47									
48									
49									
50									
Total Indep	2								
Total Depend	12								
Total Claims	14								
							*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep
51									
52									
53									
54									
55									
56									
57									
58									
59									
60									
61									
62									
63									
64									
65									
66									
67									
68									
69									
70									
71									
72									